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Fill in this information to identify your case:		
United States Bankruptcy Court for the:  Northern District of: Illinois (State)		
Case number (if known)	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Phyllis	
Write the name that is on	First name	First name
your government-issued picture identification (for	Middle name	Middle name
example, your driver's	McElroy	_
license or passport	Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you		
have used in the last	First name	First name
8 years  Include your married or maiden names.	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social	XXX - XX- <u>6456</u>	xxx - xx-
Security number or federal Individual	OR	OR
Taxpayer Identification number (ITIN)	9 xx - xx-	9 xx - xx-

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Debtor 1 Phyllis First Name	McElroy Middle Name Last Name	Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
Identification Numbers (EIN) you have used in the last	Business name	Business name
8 years Include trade names and	Business name	Business name
doing business as names	EIN	EIN
	EIN	EIN
5. Where you live	7939 Mason Ave	If Debtor 2 lives at a different address:
	Number Street	Number Street
	Burbank Illinois 60459 City State Zip Code	City State Zip Code
	Cook County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	City State Zip Code	City State Zip Code
6. Why you are choosing this district to file for bankruptcy	Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Debtor 1 Phyllis		McElroy		Case number (if kno	wn)	
First Name	Middle Name	Last Name				
Part 2: Tell the Court Ab	out Your Bankruptcy C	ase				
<ol> <li>The chapter of the Bankruptcy Code you are choosing to file under</li> </ol>		description of each, see / 0)). Also, go to the top of				ndividuals Filing for
8. How you will pay the fee	more details about cashier's check, or may pay with a cree  I need to pay the findividuals to Pay  I request that my finding may, but is not the official poverty you choose this open.	how you may pay. Typ money order If your a dit card or check with a fee in installments. If y Your Filing Fee in Installment (You manot required to, waive you line that applies to you	vically, if you attorney is a pre-print of the court choose and the court request our fee, and ur family si	ou are paying the submitting you ed address. ethis option, sign official Form 103 this option only ad may do so only are and you are a	e fee yourself, r payment on y gn and attach to A).  If you are filing the file of the top of the t	ice in your local court for you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If illing Fee Waived (Official
9. Have you filed for bankruptcy within the last 8 years?	— · ·	hern District of Illinois	When When When	MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY	Case number _ Case number _ Case number _	17-14199
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	V No.  Yes. Debtor  District  Debtor  District		When When	MM / DD / YYYY	Relationship to Case number, i Relationship to Case number, i	if known
11. Do you rent your residence?	✓ No. Go to	ord obtained an eviction of the line 12.  Suit Initial Statement About the line of the lin				

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McElroy Debtor 1 Phyllis \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1
 Phyllis
 McElroy
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Phyllis McElroy Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 6/22/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Phyllis		McElroy	Case number (if	known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 12	, or 13 of title 11, Unite	ave informed the debtor(s) about d States Code, and have explained the ilso certify that I have delivered to the
If you are not	debtor(s) the notice requ	uired by 11 U.S.C. § 3	342(b) and, in a case in v	vhich § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge afte	r an inquiry that the i	nformation in the sched	ules filed with the petition is incorrect.
attorney, you do not	•	, ,		•
need to file this page.	/s/ Alexander Prebe	r	Date	6/22/2017
	Signature of Attorney	•		M / DD / YYYY
	.,			
	Alexander Preber			
	Printed name			
	Semrad Law Firm			
	Firm name			
	11101 S. Western Ave	enue		
	Street			
	Chicago		Illinois	60643
	City		State	Zip Code
	Contact phone	3122374979	Email address	apreber@semradlaw.com
				·
	Bar number		State	

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Fill in this information to identify your case:								
Debtor 1	Phyllis		McElroy					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)					
Case number (If known)			(Otate)					

П	Check if	this	is	an
	amende	d filir	ηg	

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	V
	Your assets Value of what you own
0.1.1.1.1.10.0	
Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1a. Copy line 33, Total real estate, north Schedule 745	ф10,000,00
1b. Copy line 62, Total personal property, from Schedule A/B	\$18,298.00
1c. Copy line 63, Total of all property on Schedule A/B	\$18,298.00
t 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Ф04 0CC 00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$31,966.00 ——————————————————————————————————
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$2,881.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
	\$192,922.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$227,769.00
	\$227,769.00
Your total liabilities  art 3: Summarize Your Income and Expenses	\$227,769.00
Your total liabilities  art 3: Summarize Your Income and Expenses	\$227,769.00
Your total liabilities  art 3: Summarize Your Income and Expenses  Schedule I: Your Income (Official Form 106I)	<u> </u>

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Debtor 1 Phyllis McElroy \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,307.50 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$2,881.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$22,294.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$25,175.00

9g. Total. Add lines 9a through 9f.

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Fill in this information to identify your case:		
Debtor 1 Phyllis	McElroy	
First Name Middle	•	
Debtor 2 (Spouse, if filing) First Name Middle	Name Last Name	
United States Bankruptcy Court for the: Northern	District of Illinois	
Case number ((f known)	(State)	
Official Form 106A/B		Check if this is an amended filing
Schedule A/B: Property		12/1
In each category, separately list and describe items. I category where you think it fits best. Be as complete responsible for supplying correct information. If more write your name and case number (if known). Answer	and accurate as possible. If two married people space is needed, attach a separate sheet to thi	are filing together, both are equally s form. On the top of any additional pages,
	•	
1. Do you own or have any legal or equitable interest  No. Go to Part 2  Yes. Where is the property?		
1.1 Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
	Condominium or cooperative Manufactured or mobile home	Current value of the entire property? portion you own?
Number Street  City State Zip Code	Land Investment property Timeshare Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	Who has an interest in the property? Check one.	Check if this is community property (see instructions)
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	_
	At least one of the debtors and another  Other information you wish to add about this property identification number:	item, such as local
1.2	What is the property? Check all that apply.  Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Current value of the entire property?  Current value of the portion you own?
Number Street  City State Zip Code	Land Investment property Timeshare Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	Who has an interest in the property? Check one.	Check if this is community property (see instructions)
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	
	At least one of the debtors and another	

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Debtor 1	Phyllis First Name Middle Nar	McElroy Case number	er (if known)	
1.3 <u>Stre</u>	et address, if available, or other description	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount of any secu	claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the portion you own?
Nun	nber Street State Zip Code	Land Investment property  Timeshare Other	Describe the nature of interest (such as fee s the entireties, or a life	imple, tenancy by
		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this item.	Check if this is co (see instructions)	mmunity property
	the dollar value of the portion you own ve attached for Part 1. Write that numb	property identification number:  for all of your entries from Part 1, including any entrie per here.		
<b>Do you ow</b> you own tl	nat someone else drives. If you lease a ver ns, trucks, tractors, sport utility vehicles, m	erest in any vehicles, whether they are registered or n nicle, also report it on Schedule G: Executory Contracts and notorcycles	-	
3.1		Who has an interest in the property? Check one.	the amount of any secu	claims or exemptions. Put used claims on Schedule D: nims Secured by Property.
	Approximate mileage:  Other information:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Current value of the entire property? \$15050.00	Current value of the portion you own? \$15050.00
3.2	Make Model: Year: Approximate mileage:	instructions)  Who has an interest in the property? Check one.  Debtor 1 only	the amount of any secu Creditors Who Have Cla	claims or exemptions. Put ured claims on Schedule D: nims Secured by Property.
	Other information:	Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)	Current value of the entire property?	Current value of the portion you own?

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	First Name	Middle Name	McElroy Case nun Last Name	nber (if known)	
3.3	Make Model: Year:		Who has an interest in the property? Check one.  Debtor 1 only	the amount of any secu	claims or exemptions. Pured claims on Schedule aims Secured by Property
	Approximate mileage:		Debtor 2 only	Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
			At least one of the debtors and another		
			Check if this is community property (see instructions)	•	
3.4	Make		Who has an interest in the property? Check		claims or exemptions. F
	Model: Year:		one.		ured claims on <i>Schedule</i> aims Secured by Propert
	Approximate mileage:		Debtor 1 only		, ,
			Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:		Debtor 1 and Debtor 2 only	—————	
			At least one of the debtors and another		
			Check if this is community property (see instructions)		
_	No Yes				
	Yes Make Model:		Who has an interest in the property? Check one.	the amount of any secu	red claims on <i>Schedule</i>
	Yes Make Model: Year:		one.  Debtor 1 only	the amount of any secu Creditors Who Have Cla	ured claims on <i>Schedule</i> aims Secured by Propen
	Yes Make Model: Year: Approximate mileage:		one.  Debtor 1 only Debtor 2 only	the amount of any secu Creditors Who Have Cla Current value of the	ured claims on Schedule ims Secured by Propert Current value of the
	Yes Make Model: Year:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secu Creditors Who Have Cla	ured claims on <i>Schedule</i> aims Secured by Propert
	Yes Make Model: Year: Approximate mileage:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount of any secu Creditors Who Have Cla Current value of the entire property?	ured claims on Schedule aims Secured by Propert Current value of the
	Yes Make Model: Year: Approximate mileage:	<u></u>	one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secu Creditors Who Have Cla Current value of the entire property?	ured claims on Schedule ims Secured by Propert Current value of the
4.1	Yes Make Model: Year: Approximate mileage:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	the amount of any secu Creditors Who Have Cla Current value of the entire property?	ured claims on Schedule aims Secured by Propertion  Current value of the portion you own?  claims or exemptions. If
4.1	Yes  Make Model: Year: Approximate mileage: Other information:  Make Model:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.	the amount of any secu Creditors Who Have Class  Current value of the entire property?  Do not deduct secured the amount of any secu	claims or Schedule claims Secured by Proper current value of the portion you own?  claims or exemptions. I
4.1	Yes  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	the amount of any secu Creditors Who Have Class  Current value of the entire property?  Do not deduct secured the amount of any secu	claims or Schedule of the portion you own?
4.1	Yes  Make Model: Year: Approximate mileage: Other information:  Make Model:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any secucreditors Who Have Classifications who Have Classifications are considered to the amount of any secucreditors Who Have Classifications who have Class	claims or exemptions. Fured claims on Schedule sims Secured by Propertions.
4.1	Yes  Make Model: Year: Approximate mileage: Other information:  Make Model: Year:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secucreditors Who Have Classifications Current value of the entire property?  Do not deduct secured the amount of any secucreditors Who Have Classifications	ured claims on Schedule aims Secured by Propert  Current value of the portion you own?  claims or exemptions. For the properties of the pr
4.1	Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any secucreditors Who Have Classifications who Have Classifications are considered to the amount of any secucreditors Who Have Classifications who have Class	claims or schedule portion you own?  claims or exemptions. I lared claims or Schedule aims Secured by Propertion you own?  claims or exemptions. I lared claims on Schedule aims Secured by Propertions. I current value of the
4.1	Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage:		one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secu Creditors Who Have Classifications who Have Classification and the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification who have Classification and the entire property?	red claims on Schedule aims Secured by Propen  Current value of the portion you own?  claims or exemptions. I ured claims on Schedule aims Secured by Propen  Current value of the

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Del	otor 1			McElroy	Case number (if known)	
Devi	. 0.	First Name	Middle Name	Last Name		
Do			our Personal and Househo		ving items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6.	House	ehold goods	and furnishings			
	•	les: Major app	liances, furniture, linens, china, kit	tchenware		
ш	No Vac T	escribe	Misc. Household goods			1 .
✓	100. L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iviise. Household goods			\$375.00
E		ronics les: Television	s and radios; audio, video, stereo,	and digital equipment; comp	outers, printers, scanners; music	
ш		escribe	Misc. Electronics			\$345.00
Ľ						\$343.00
E			ue und figurines; paintings, prints, or in, or baseball card collections; ot			
	Yes. D	escribe				] <del></del>
E	xamp	les: Sports, ph	rts and hobbies otographic, exercise, and other h s; carpentry tools; musical instrur		ool tables, golf clubs, skis; canoes	
<u> </u>	No V	No. 10 (10 c)				1
Ш	Yes. L	escribe				
	). Fire xamp		es, shotguns, ammunition, and re	elated equipment		1
<b>✓</b>	No					
	Yes. D	escribe				
E	•		clothes, furs, leather coats, design	er wear, shoes, accessories		1
ш	No Voc. F	escribe	Lland Clathin			1
M	165. L	escribe	Used Clothing			\$350.00
E	2. <b>Jew</b> Exampl	-	ewelry, costume jewelry, engagen r	nent rings, wedding rings, he	irloom jewelry, watches, gems,	
_		escribe	Used Jewelry			1
Ľ		- 2	2332 30W Sily			\$140.00
E	xamp	-farm animal les: Dogs, cate	<b>s</b> s, birds, horses			
	No V 5					1
Ш	res. L	escribe				
14	l. Any	other persor	al and household items you did	d not already list, including	any health aids you did not list	1
<b>✓</b>	No					
	Yes. D	escribe				
			lue of all of your entries from F		s for pages you have attached	<u>\$1210.00</u>

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: PNC \$38.00 17.2. Checking account: Wells Fargo (Son's account, she is authorized to access it) \$0.00 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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Debt	tor 1 Phyllis		McElroy	Case number (if known)	
	First Name	Middle Name	Last Name	· · · · <u></u>	
20.	Negotiable instruments	orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfer as the same those you cannot transfer as the same those you cannot transfer as the same that the s	checks, promissory no	tes, and money orders.	
21.	Retirement or pension		thrift aguings accounts	s, or other pension or profit-sharing plans	
		RA, ERISA, Keogii, 401(k), 403(b)	, thint savings accounts	s, or other pension or profit-straining plans	
	<b>✓</b> No	Type of accounts	Institution name		
	Yes. List each	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:			
		Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:	-		
		Additional account:	-		
		Additional account:			
		Additional account.			
22.		prepayments d deposits you have made so that with landlords, prepaid rent, public			
	Yes	Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23	Annuities (A contract for	or a periodic payment of money to	you either for life or fo	r a number of years)	
20.		or a ponedie paymont or meney to	you, ourself for mo or to	ta nambor of years)	
	No	Issuer name and description:			
	Yes				
					-

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Debt	or 1 Phyllis	McElroy Case number (if kno	wn)
24.	First Name	Middle Name Last Name  n education IRA, in an account in a qualified ABLE program, or under a qualified state tu	ition program
24.		530(b)(1), 529A(b), and 529(b)(1).	ition program.
	<b>✓</b> No		
	Yes	Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
	100		
	•		
25.	Trusts, equita	able or future interests in property (other than anything listed in line 1), and rights or pow	vers
		or your benefit	
	<b>✓</b> No		
	Yes. Descr	ribe	
26.	Patents, copy	yrights, trademarks, trade secrets, and other intellectual property	
	Examples: Inter	ernet domain names, websites, proceeds from royalties and licensing agreements	
	<b>✓</b> No		
	Yes. Descr	ribe	
27.		nchises, and other general intangibles	
	Examples: Build	lding permits, exclusive licenses, cooperative association holdings, liquor licenses, professional li	censes
	✓ No		
	Yes. Descr	noe	
Mor	ney or propert	ty owed to you?	Current value of the
Mor	ney or propert	ty owed to you?	portion you own?
Mor	ney or propert	ty owed to you?	
	ney or propert		portion you own?  Do not deduct secured
			portion you own?  Do not deduct secured
	Tax refunds ow  ✓ No  ☐ Yes. Give s	wed to you specific information Federa	<b>portion you own?</b> Do not deduct secured claims or exemptions.
	Tax refunds ow  ✓ No  Yes. Give sı about	wed to you	<b>portion you own?</b> Do not deduct secured claims or exemptions.
	Tax refunds ow  No Yes. Give syabout you al	specific information t them, including whether already filed the returns the tax years	portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give syabout you al	specific information t them, including whether already filed the returns he tax years	portion you own?  Do not deduct secured claims or exemptions.  \$0.00
28.	Tax refunds ow  No Yes. Give sy about you al and the	specific information t them, including whether already filed the returns he tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00
28.	Tax refunds ow  No Yes. Give sy about you al and the	specific information t them, including whether already filed the returns he tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  poerty settlement
28.	Tax refunds ow  No Yes. Give sy about you al and the  Family support Examples: Past  No	specific information t them, including whether already filed the returns the tax years	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  poerty settlement
28.	Tax refunds ow  No Yes. Give sy about you al and the  Family support Examples: Past  No	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pre	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  poerty settlement
28.	Tax refunds ow  No Yes. Give sy about you al and the  Family support Examples: Past  No	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pre	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  poerty settlement  ay: \$0.00 \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give sy about you al and the  Family support Examples: Past  No	specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pro	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  poerty settlement  ay: \$0.00 \$0.00  \$0.00
28.	Tax refunds ow  No Yes. Give sy about you al and the  Family support Examples: Past  No	specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, prospecific information  Alimon Mainte Suppo	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  perty settlement  ay: \$0.00 \$0.00  perty settlement  ay: \$0.00 \$0.00
29.	Tax refunds ow  No Yes. Give sy about you al and the support Examples: Past  No Yes. Give sy  No Other amounts	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, prospecific information  Alimon Mainte Support someone owes you	## Portion you own?
29.	Tax refunds ow  ✓ No  Yes. Give syabout you al and the seamples: Past ✓ No  Yes. Give syabout you all and the seamples: Past ✓ No  Other amounts  Examples: Unpage	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, prospecific information  Alimon Mainte Support Divorce Proper	## Portion you own?
29.	Tax refunds ow  ✓ No  Yes. Give syabout you al and the seamples: Past ✓ No  Yes. Give syabout you all and the seamples: Past ✓ No  Other amounts  Examples: Unpage	specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pro specific information  Alimon Mainte Support Divorce Proper s someone owes you aid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' con	## Portion you own?
29.	Tax refunds ow  ✓ No  Yes. Give sy about you al and the second of the s	specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, pre specific information  Alimon Mainte Support Divorce Proper s someone owes you aid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' contail Security benefits; unpaid loans you made to someone else	## Portion you own?

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Deb <sup>1</sup>	tor 1 Phyllis	McElroy	Case number (if known)	
	First Name	Middle Name Last Name		
31.	Interests in insurance policies  Examples: Health, disability, or life insurance policies	surance; health savings account (HSA); c	eredit, homeowner's, or renter's insurance	
	Yes. Name the insurance compa of each policy and list its value		Beneficiary:	Surrender or refund value:
32.	Any interest in property that is du If you are the beneficiary of a living tr property because someone has died.  No	rust, expect proceeds from a life insuranc	e policy, or are currently entitled to receive	
	Yes. Describe			
33.		ther or not you have filed a lawsuit or isputes, insurance claims, or rights to su		
	No  ✓ Yes. Describe Workmans C	omp Case		
34.	\$2000.00  Other contingent and unliquidated to set off claims	d claims of every nature, including co	ounterclaims of the debtor and rights	
	✓ No  Yes. Describe			
35.	Any financial assets you did not al	Iready list		
	Yes. Describe			
36.		entries from Part 4, including any ent		\$2038.00
Part	5: Describe Any Business-Re	elated Property You Own or Have	e an Interest In. List any real estate in Part	1.
37.		quitable interest in any business-rela		··
	No. Go to Part 6.	<b>4</b>	C	urrent value of the ortion you own?
	Yes. Go to line 38.		D	o not deduct secured claims r exemptions
38.	Accounts receivable or commission	ons you already earned		
	Yes. Describe			
39.	Office equipment, furnishings, and Examples: Business-related computer		fax machines, rugs, telephones, desks, chairs, electronic	ronic devices
	✓ No Yes. Describe			
	·			

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Deb	tor 1 Phyllis	McElroy	Case number (if known)	
1.0	First Name	Middle Name Last Name		
40.	Machinery, fixtures, equip	oment, supplies you use in business, and tools of your trade	•	
	<b>✓</b> No			
	Yes. Describe			
44		<del></del>		
41.	Inventory			
	<b>✓</b> No			
	Yes. Describe			
40				
42.	Interests in partnerships	or joint ventures		
	✓ No	Name of entity:	% of ownership:	
	Yes. Give specific	Name of entity.	70 Of Ownership.	
	information about them			, <u> </u>
	шеш			
40	<b>.</b>			
43. 0	Customer lists, mailing list	s, or other compilations		
	<b>✓</b> No			
	Yes. Do your lists inclu	de personally identifiable information (as defined in 11 U.S.C. §	101(41A))?	
	— No			
	No No			
	Yes. Describe.			
44.	Any business-related proj	perty you did not already list		
	No			
	Yes. Give specific information			
	information			
				<del>-</del>
		f your entries from Part 5, including any entries for pages y		
for Pa	art 5. Write that number he	ere		
Part	Describe Any Farm	ı- and Commercial Fishing-Related Property You O	wn or Have an Interest In.	
rait		rest in farmland, list it in Part 1.		
46.	Do you own or have any l	egal or equitable interest in any farm- or commercial fishir	ng-related property?	
				Current value of the
	No. Go to Part 7.			portion you own?
	Yes. Go to line 47.			Do not deduct secured claims
47	Form orimals			or exemptions
47.	Farm animals Examples: Livestock, poulti	y, farm-raised fish		
		•		
	✓ No			
	Yes. Describe			

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Debte	or 1 Phyllis		cElroy	Case number (if known)	
40	First Name		st Name		
48.	Crops-either growing of	or harvested			
	<b>✓</b> No				
	Yes. Describe				
40	Farm and fishing equir	ment, implements, machinery, fixture	e and tools of trado		
43.	_	mient, implements, machinery, nxture	s, and tools of trade		
	✓ No				
	Yes. Describe				
50.	Farm and fishing suppl	ies, chemicals, and feed			
	□ Na				
	No No Describe				
	Yes. Describe				
51.	Any farm- and commer	rcial fishing-related property you did n	ot already list		
	<b>✓</b> No				
	Yes. Describe				
52. Ac	dd the dollar value of al	l of your entries from Part 6, including	any entries for pages vo	ou have attached	
		here			
•				L	
Part 7	Describe All Pro	perty You Own or Have an Intere	st in That You Did Not	t List Above	
		perty of any kind you did not already lis	st?		
		s, country club membership			
	<b>✓</b> No				
	Yes. Give specific information				
	imonnation				
54. Ac	dd the dollar value of al	I of your entries from Part 7. Write tha	t number here		<b>&gt;</b>
Part 8	List the Totals of	Each Part of this Form			
55. <b>P</b>	Part 1: Total real estate	, line 2		<b>&gt;</b>	
56. <b>p</b>	art 2 total vehicles, lin	e 5	\$15050.00		
57. <b>P</b> a	art 3: Total personal an	d household items, line 15	\$1210.00		
50 <b>D</b>	art 4: Total financial as	sats lina 36	φ1210.00		
30.F	art 4. Total illialicial as	sets, fille 30	\$2038.00		
59. <b>P</b>	Part 5: Total business-re	elated property, line 45			
60. <b>P</b>	Part 6: Total farm- and f	ishing-related property, line 52	<u> </u>		
61 P	Part 7: Total other prope	erty not listed. line 54			
		-			
62. <b>T</b>	otal personal property.	Add lines 56 through 61	\$18298.00		+ \$18298.00
				Copy personal property total	
					\$18298.00
63. <b>T</b> c	otal of all property on S	chedule A/B. Add line 55 + line 62			

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			Docu	ument Page 20 o	f 83	
Fill	in this infor	mation to identify your ca	se:			
Deb	otor 1	Phyllis		McElroy		
Deh	otor 2	First Name	Middle Name	Last Name		
	ouse, if filing)	First Name	Middle Name	Last Name		
Uni	ted States E	Bankruptcy Court for the:	Northern	District of Illinois		
	se number			(State)		
(If kn	iown)					Check if this is a
Of	ficial	Form 106C				amended filing
Sc	hedul	e C: The Prope	erty You Claim	as Exempt		04/1
For stat the tax- und you	each iter te a speci amount c exempt r er a law t r exempti t 1: Iden Which se	m of property you clain fic dollar amount as each any applicable status etirement funds—mathat limits the exemption would be limited to attify the Property You are claiming state and fearer claiming state and fearer states.	exempt. Alternatively, youtory limit. Some exempt y be unlimited in dollar ion to a particular dollar the applicable statuto.  Claim as Exempt Claiming? Check one only, a deral nonbankruptcy exempt	specify the amount of the ou may claim the full fair rotions—such as those for amount. However, if you ar amount and the value of ory amount.  Seven if your spouse is filing with aptions. 11 U.S.C. § 522(b)(3)	narket value of t health aids, righ claim an exemp the property is	claim. One way of doing so is to he property being exempted up to ts to receive certain benefits, and tion of 100% of fair market value determined to exceed that amount
2.	You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below.					
		cription of the property a chedule A/B that lists thi		Amount of the exemption of the check only one box for each		Specific laws that allow exemption
	Brief description Chec Line from Schedule	king account, PNC	\$38.00	\$38.0  100% of fair market va applicable statutory lin	alue, up to any	735 ILCS 5/12-1001(b)
	Brief description  Used  Line from  Schedule	Clothing	\$350.00	\$350.  100% of fair market va applicable statutory line	alue, up to any	735 ILCS 5/12-1001(a)
3.	-	•	emption of more than \$160 and every 3 years after that fo	),375? r cases filed on or after the date	of adjustment.)	

☐ No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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McElroy Debtor 1 Phyllis Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property Check only one box for each exemption. own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$375.00 description: **✓** \$375.00 Misc. Household goods 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(c); 735 ILCS Brief \$15,050.00 5/12-1001(b) description: **✓** \$0 Cadillac SRX 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 03 Brief 735 ILCS 5/12-1001(b) \$345.00 description: **✓** \$345.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$140.00 description: \$140.00 **Used Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 Brief 735 ILCS 5/12-1001(b) \$0.00 description: **✓** \$0 Checking account, Wells 100% of fair market value, up to any Fargo (Son's account, applicable statutory limit she is authorized to access it) Line from Schedule A/B: 735 ILCS 5/12-1001(h)(4) Brief \$2,000.00 description: **✓** \$2,000.00 **Workmans Comp Case** 

100% of fair market value, up to any

applicable statutory limit

Line from

Schedule A/B:

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		Do	cument Page 22 of 8	33		
Fill in this infor	mation to identify your ca	se:				
Debtor 1	Phyllis First Name	Middle Name	McElroy Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)			
Case number (If known)						
<u> </u>	Form 106D					Check if this is an amended filing
Schedu	le D: Credito	ors Who Hav	ve Claims Secure	ed by Prop	ertv	12/15
1. Do any o	e number (if known). creditors have claims se	ecured by your properl	ber the entries, and attach it to to the state of the sta	·		ges, write your
Part 1: List	All Secured Claims					
separate		nan one creditor has a part	ured claim, list the creditor icular claim, list the other creditors order according to the creditor's	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 WFDS		Describe the property	that secures the claim:	\$31,966.00	\$15,050.00	\$16,916.00
Creditor's	S Name <b>OX 19752</b>	2013 Cadillac SRX				
Numb	per Street	As of the date you file,	the claim is: Check all that apply.			
		Contingent				
IRVINE	CA 92623	Unliquidated				
City Who ow	State ZIP Code ves the debt? Check one.	Disputed				
	otor 1 only	Nature of lien. Check a	ll that apply.			
	otor 2 only otor 1 and Debtor 2 only	An agreement you r car loan)	made (such as mortgage or secured			
	east one of the debtors	Statutory lien (such	as tax lien, mechanic's lien)			
	another	Judgment lien from	a lawsuit			
Lo a	eck if this claim relates a community debt	Other (including a ri	, <u></u>			
Date de	ebt was <u>9/2013</u>	Last 4 digits of accour	nt number <u>8609</u>			

Add the dollar value of your entries in Column A on this page. Write that number

incurred

here:

\$31,966.00

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Fill in this info	ormation to identify your case:						
Debtor 1	Phyllis First Name	Middle Name	McElroy Last Name	_			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States	Bankruptcy Court for the: No	orthern	District of Illinois	_			
Case number			(State)	_			
Official I	Form 106E/F				Chec	k if this is an	n amended filing
Sched	ule E/F: Credi	itors Who	Have Unsecu	red Claims	6		12/15
other party to Form 106A/B claims that a the entries in known).	o any executory contracts or o of and on Schedule G: Executor of listed in Schedule D: Credi	unexpired leases the ory Contracts and Uniters Who Hold Clain of the Continuation P	tors with PRIORITY claims are at could result in a claim. Also nexpired Leases (Official Formus Secured by Property. If more age to this page. On the top of the top	o list executory contract n 106G). Do not include re space is needed, cop	ets on Schedul any creditors by the Part you	le A/B: Prop with partia uneed, fill i	perty (Official ally secured t out, number
No.  Yes  2. List all listed, id As much	of your priority unsecured cla entify what type of claim it is. If a as possible, list the claims in a	aims. If a creditor has a claim has both prio	you?  more than one priority unsecure rity and nonpriority amounts, lisurding to the creditor's name. If you a particular claim, list the other c	t that claim here and show you have more than two	w both priority	and nonprio	rity amounts.
	•		s for this form in the instruction I				
					Total claim	Priority amount	Nonpriority amount
2.1 IRS 1	Creditor's Name		Last 4 digits of account num	ber	\$2,881.00	\$0.00	\$2,881.00
PO Bo	x 7346		When was the debt incurred	? <u>n/a</u>			
Numbe	er Street		As of the date you file, the cl	aim is: Check all that			
	Pennsylvania State ncurred the debt? Check one.	19101 Zip Code	apply. Contingent Unliquidated Disputed				
De	ebtor 2 only		Type of PRIORITY unsecured  Domestic support obligation				
	ebtor 1 and Debtor 2 only		✓ Taxes and certain other de				
	least one of the debtors and an		government Claims for death or person	al iniury while you were			
	neck if this claim relates to a	community debt	intoxicated	ai injury witho you were			

Is the claim subject to offset?

Yes

Other. Specify \_\_\_

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Advocate Christ Medical Center \$1,429.00 Last 4 digits of account number Nonpriority Creditor's Name 4440 W 95th St When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60453 Oak Lawn Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **✓** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? Yes 4.2 Advocate Health Care \$75.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 48458 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 48237 Oak Park Michigan City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes ALLY FINANCIAL 4.3 \$17.265.00 Last 4 digits of account number 8105 Nonpriority Creditor's Name When was the debt incurred? PO BOX 380901 2/2011 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated BLOOMINGTON 55438 Minnesota City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ 072 Automobile Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Americash \$800.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 555 Torrence Avenue Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60409 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No T Yes **ASHRO** \$800.00 4.5 Last 4 digits of account number \_ Nonpriority Creditor's Name 1112 7th Avenue When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Monroe Wisconsin 53566 Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ Other Is the claim subject to offset? **✓** No Yes 4.6 **Beverly Medical Center** \$3,410.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10540 S. Western Ave Suite 102 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60643 Chicago Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other

✓ No Yes

Is the claim subject to offset?

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Blue Cross Blue Shield \$3,174.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 7344 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60680 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No Yes CAPITAL ONE \$3,402.00 9070 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name When was the debt incurred? 9/2013 P O Box 30253 Number As of the date you file, the claim is: Check all that apply. Contingent Salt Lake City 84130 Utah Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts **V** Other. Specify Is the claim subject to offset? **✓** No Yes **CAPITAL ONE** 4.9 \$3,301.00 Last 4 digits of account number 1320 Nonpriority Creditor's Name When was the debt incurred? 4/2011 P O Box 30253 Number As of the date you file, the claim is: Check all that apply. Contingent 84130 Salt Lake City Utah Unliquidated City State Zip Code Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset?

✓ No Yes

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 \$1,122.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 9/2010 P O Box 30253 Number As of the date you file, the claim is: Check all that apply. Contingent Salt Lake City Utah 84130 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 Cash Call \$62,000.00 Last 4 digits of account number Nonpriority Creditor's Name 1 City Blvd W Ste 1000 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 92868 Orange California City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify \_\_\_\_ Is the claim subject to offset? **✓** No Yes Check N Go 4.12 \$1,550.00 Last 4 digits of account number Nonpriority Creditor's Name 7101 North Ave When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60302 Oak Park Illinois Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify Is the claim subject to offset? **✓** No

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** Chicagoland Advanced Pain & Headache 4.13 \$150.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6626 W. Cermak Rd Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60402 Berwyn Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.14 Chiro One \$500.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 2625 Butterfield Rd #301N When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Oak Brook Illinois 60523 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No Yes 4.15 Chrysler Capital \$25,302.00 Last 4 digits of account number 1000 Nonpriority Creditor's Name When was the debt incurred? 6/2015 91 WALL STREET POB 666 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated MADISON 06443 Connecticut City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ 077 Automobile Is the claim subject to offset? **✓** No

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 City of Chicago - Parking and red Light Tickets \$500.00 Last 4 digits of account number Nonpriority Creditor's Name Department of Revenue - PO Box 88292 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60680 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid Parking Tickets Is the claim subject to offset? **✓** No Yes Client Services Inc \$3,402.00 4.17 Last 4 digits of account number \_ Nonpriority Creditor's Name 3451 Harry S. Truman Blvd. When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Saint Charles Missouri 63301 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_ Is the claim subject to offset? **✓** No Yes CMRE FINANCIAL SERVICE 4.18 \$335.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3075 E IMPERIAL HWY STE n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **BREA** California 92821 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 ComEd \$700.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid Electric Bills Is the claim subject to offset? **✓** No Yes 4.20 CREDIT CONTROL \$906.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 5757 PHANTOM DR. SUITE 330 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated HAZELWOOD Montana 63042 Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No Yes 4.21 Crestwood Medical Center \$420.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1 Hospital Drive Southwest n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 35801 Huntsville Alabama City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 Demetrios Dalmares \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 16061 S. 84th Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60484 University Park Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.23 Dental Works \$66.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 4839 W Cal Sag Rd #310 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Midlothian Illinois 60445 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.24 Dixon, Elton \$3,918.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 18660 Graphics Drive, Suite 100 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60477 Tinley Park Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Unpaid Medical Bills Is the claim subject to offset? **✓** No

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.25 \$906.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/2014 PO Box 8113 Number As of the date you file, the claim is: Check all that apply. Contingent 45040 Mason Ohio Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes 4.26 EQMD, Inc \$792.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 337 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60051 Mchenry Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes Evergreen Family Medicine 4.27 \$17.00 Last 4 digits of account number Nonpriority Creditor's Name 2850 W 95th St Ste 403 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60805 Evergreen Pk Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_\_ Is the claim subject to offset? **✓** No

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.28 FED LOAN SERV \$6,150.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/2015 400 Maryland Ave SW Number Street As of the date you file, the claim is: Check all that apply. Contingent Washington District of Columbia 20202 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.29 FED LOAN SERV \$6,029.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name 400 Maryland Ave SW When was the debt incurred? 8/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent Washington District of Columbia 20202 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes FED LOAN SERV 4.30 \$5,118.00 Last 4 digits of account number Nonpriority Creditor's Name 400 Maryland Ave SW When was the debt incurred? 1/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent District of Columbia 20202 Washington Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? No

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.31 FED LOAN SERV \$4,997.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1/2015 400 Maryland Ave SW Number As of the date you file, the claim is: Check all that apply. Contingent Washington District of Columbia 20202 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.32 **H&R ACCOUNTS** \$75.00 Last 4 digits of account number Nonpriority Creditor's Name 4950 38TH AVE When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated MOLINE 61265 Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify \_\_\_\_ Is the claim subject to offset? **✓** No Yes **Invation Homes** 4.33 \$2,008.00 Last 4 digits of account number Nonpriority Creditor's Name 5509 N Cumberland Ave Ste 505 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60656 Chicago Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify Is the claim subject to offset? **✓** No

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.34 Little Company of Mary \$562.00 Last 4 digits of account number Nonpriority Creditor's Name 5660 W 95th St When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60453 Oak Lawn Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.35 MERCHANTS CREDIT GUIDE \$142.00 0896 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name 6/2015 223 W JACKSON BLVD STE 4 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent CHICAGO 60606 Illinois Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes Mercy Medical Center Iowa 4.36 \$75.00 Last 4 digits of account number Nonpriority Creditor's Name 250 Mercy Dr When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 52001 Dubuque Iowa Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_\_\_ Is the claim subject to offset? **✓** No

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.37 MIDLAND FUNDING \$2,510.00 Last 4 digits of account number Nonpriority Creditor's Name 8875 AERO DR STE 200 When was the debt incurred? 11/2016 Number As of the date you file, the claim is: Check all that apply. Contingent SAN DIEGO California 92123 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 001 UnknownLoanType Is the claim subject to offset? Yes 4.38 National Financial Group Inc. \$4,641.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 51 Monroe Street, #205 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 20850 Maryland Rockville City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes Nicor - PO Box 5407 4.39 \$1,100.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 5407 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Carol Stream 60197 Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Unpaid gas Bills Is the claim subject to offset? **✓** No

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.40 Northland Group Inc \$1,122.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 390846 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 55439 Minneapolis Minnesota City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.41 PATEL, BHARATI \$1,503.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO Box 10428 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Merrillville Indiana 46411 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_\_ Is the claim subject to offset? **✓** No Yes 4.42 Physicians Immediate Care LLC \$2,504.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1111 S Alpine Rd Ste 504 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 61108 Rockford Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Phyllis McElroy Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.43 Portfolio Associates, LLC \$10,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 120 Corporate Blvd As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 23502 Norfolk Virginia City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes 4.44 radiology Imaging Consultants, SC \$17.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 75 Remittance Dr - dept 1324 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60675 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_\_\_ Is the claim subject to offset? **✓** No Yes 4.45 Rajneesh Salwan MDSC \$19.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2850 W. 95th Street Suite 304 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Evergreen Park Illinois 60805 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No

Yes

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.46 Republic Services \$350.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1800 W Carroll Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60612 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unsecured Debt Is the claim subject to offset? **✓** No Yes 4.47 **SEARS** \$1,350.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO BOX 1990 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **TEMPE** Arizona 85280 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify \_ Is the claim subject to offset? **✓** No Yes South Stickney Sanitary District 4.48 \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7801 Lavergne Ave n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60459 Burbank Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Unpaid Water Bills Is the claim subject to offset? **✓** No Yes

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.49 SYNCB/CARECR \$1,968.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4/2011 C/O PO BOX 965036 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ORLANDO 32896 Florida City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes University of Iowa \$15.00 4.50 Last 4 digits of account number \_ Nonpriority Creditor's Name 5 Calvin Hall When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Billing Office Contingent Unliquidated Iowa City Iowa 52242 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No Yes Weisman & Weisman P.C 4.51 \$1,925.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 100 North Lasalle Street, Suite 1910 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Other Is the claim subject to offset? **✓** No

Yes

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Debt	tor 1 Phyllis First Name		Middle Name	McElroy Last Name	Case number (if known)			
Part	3: List Others	to Be Notified A	bout a Debt Tha	nt You Already Liste	ed			
5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Harris. Arnold								
	Name			On which entry in Part 1 or Part 2 did you list the original creditor?				
	111 West Jackson	n B		Line <u>4.16</u>	of (Check Part 1: Creditors with Priority Unsecured Claims			
	Number Street	<u> </u>			one):  Part 2: Creditors with Nonpriority Unsecured Claims			
	Chicago	Illinois	60604	Last 4 digits o	f account number			
	City	State	Zip Code					

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Debtor 1 Phyllis McElroy Case number (if known)

First Na	me Middle Name Last Name		
Part 4: Add th	ne Amounts for Each Type of Unsecured Claim		
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	tatistical reporting purposes or
			Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$2,881.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$2,881.00
	· · · · · · · · · · · · · · · · · · ·		
			Total claims
Total claims from Part 2	6f. Student loans	6f.	\$22,294.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write	6i.	\$170,628.00
	that amount here.		
	6j. Total. Add lines 6f through 6i.	6j.	\$192,922.00

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Fill in this infor	mation to identify your c	ase:			
Debtor 1	Phyllis		McElroy		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois		
			(State)		
Case number					
(If known)					

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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			טט	Cument Page 2	14 01 03
Fill	in this infor	mation to identify your c	ase:		
Del	btor 1	Phyllis	Middle Nove	McElroy	
	btor 2	First Name	Middle Name	Last Name	
(Spo	ouse, if filing)	First Name	Middle Name	Last Name	
Un	ited States E	Bankruptcy Court for the:	Northern	District of Illinois	
	se number			(State)	
(II KI	ilowii)				Check if this is an
					amended filing
O <sup>-</sup>	fficial	Form 106H			
_	. 1	- II			
Sc	chedul	e H: Your Cod	lebtors		12/15
kno	wn). Answe	r every question.	ou are filing a joint case, do		of any Additional Pages, write your name and case number (if
2.			lived in a community propictico, Puerto Rico, Texas, Wa	- '	Community property states and territories include Arizona, California,
	✓ No.	Go to line 3.			
	Yes.	Did your spouse, forme	r spouse, or legal equival	ent live with you at the tim	e?
	<b>✓</b>	No			
		Yes. In which communit	y state or territory did you	live?	Fill in the name and current address of that person.
		Name of your spouse, f	ormer spouse, or legal equi	valent	<u> </u>
		Number Street			<del></del>
		City	State	Zip Code	<u> </u>
3.	In Column	1, list all of your codeb			our spouse is filing with you. List the person shown in line 2

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this informa	ation to identify	your case:					
Debtor 1 Phy			McElro	ру			
	t Name	Middle Name	Last N	ame		Chec	k if this is:
Debtor 2 (Spouse, if filing) First	t Nama	Middle Name	Loot N			ΠА	n amended filing
		Middle Name	Last N			느	supplement showing post-petition chapter 1
United States Bank the:	ruptcy Court for	Northern	_ District of <u>Illi</u> (S	nois tate)			xpenses as of the following date:
Case number(If known)						N	MM / DD / YYYY
Official For	rm 106I						
Schedule I	: Your Ind	come					12/1
information about spouse. If more sp number (if known	t your spouse. It pace is needed	f you are separated and , attach a separate shee y question.	d your spous	se is not fi	ling with y	ou, do n	spouse is living with you, include not include information about your onal pages, write your name and case
1. Fill in your emp	oloyment		Debtor 1				Debtor 2
information.		Employment status	Emplo	wod			Employed
If you have more attach a separate	•			nployed			Not Employed
information about		0	▼ Not El	прюуец			Not Employed
		Occupation					
Include part time self-employed w		Employer's name					
Occupation may or homemaker, i	include student if it applies.	Employer's address	Number Str	reet			Number Street
			City		State Zip	Code	City State Zip Code
		How long employed there?					
Part 2: Give De	etails About M	Ionthly Income					
	otalio 7 tboat iv						
spouse unless you	y income as of t are separated.		-	_			rite \$0 in the space. Include your non-filing that person on the lines below. If you need
spouse unless you	y income as of t are separated.	e more than one employer,	-	information		oyers for	that person on the lines below. If you need  For Debtor 2 or
spouse unless you If you or your non- more space, attac 2. <b>List monthly</b>	y income as of t are separated. filing spouse have th a separate shee gross wages, sala	e more than one employer,	combine the	information	for all empl	oyers for	that person on the lines below. If you need
spouse unless you  If you or your non- more space, attace  2. List monthly deductions.) If be.	y income as of t are separated. filing spouse have th a separate shee gross wages, sala	e more than one employer, et to this form. ary, and commissions (befor a calculate what the monthly w	combine the	information	for all emplo	oyers for	that person on the lines below. If you need  For Debtor 2 or

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Debtor 1Phyllis	McElroy	Case number	(if	
First Name Middle Name	Last Name	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b>→</b> 4.	\$0.00	non ming opodes	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00		
5b. Mandatory contributions for retirement plans	5b.	\$0.00		
5c. Voluntary contributions for retirement plans	5c.	\$0.00		
5d. Required repayments of retirement fund loans	5d.	\$0.00		
5e. Insurance	5e.	\$0.00		
5f. Domestic support obligations	5f.	\$0.00		
5g. Union dues	5g.	\$0.00		
5h. Other deductions. Specify:		\$0.00 +		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5h.	<del></del>	\$0.00		
7. Calculate total monthly take-home pay. Subtract line 6 from lin	e 4. 7.	\$0.00		
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, an the total monthly net income.	d 8a.	\$0.00		
8b. Interest and dividends	8b.	\$0.00		
8c. Family support payments that you, a non-filing spouse, or dependent regularly receive	r a			
Include alimony, spousal support, child support, maintenance divorce settlement, and property settlement.	e, 8c.	\$0.00		
8d. Unemployment compensation	8d.	\$0.00		
8e. Social Security	8e.	\$0.00		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any noncash assistance that you receive, such as food stamps (benefit under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:		\$0.00		
8g. Pension or retirement income	8f.	\$2,769.00		
	8g. 8h. +	\$0.00 +		
8h. Other monthly income. Specify:  9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g				
5. Add all other income Add lines oa + ob + oc + od + oe + or +og	+ on. 9. <u>-</u>	\$2,769.00		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing s	10. spouse	\$2,769.00 +	=	\$2,769.00
11. State all other regular contributions to the expenses that you include contributions from an unmarried partner, members of you friends or relatives. Do not include any amounts already included in lines 2-10 or and	r household, your d	ependents, your roomm		
Specify:	Junto that ale HUL dv	unable to pay expellads l	11. +	\$0.00
				φσ.σσ
12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical S			•	\$2,769.00
				Combined monthly income
13. Do you expect an increase or decrease within the year after	you file this form?			
No.				
Yes. Explain:				

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		Docu	ument Page 47 of 83	3	
Fill in this infor	mation to identify yo	ur case:			
Debtor 1	Phyllis First Name	Middle Name	McElroy Last Name		
Debtor 2				Check if this is:  An amended filir	na
(Spouse, if filing)	First Name	Middle Name	Last Name	브	howing post-petition chapter 13
United States E	Bankruptcy Court for t	he: Northern	District of Illinois (State)		the following date:
Case number (If known)	-			MM / DD / YYYY	Y
Official	Form 106	J			
Schedul	e J: Your Ex	rpenses			12/15
information. If	•		re filing together, both are equal form. On the top of any addition		
Part 1: Des	cribe Your House	hold			
1. Is this a joi	nt case?				
✓ No. Go	to line 2				
Yes. D	oes Debtor 2 live in	a separate household?			
г	No				
	Yes. Debtor 2 mus	st file Official Forms 106J-2, Exper	nses for Separate Household of Deb	tor 2.	
2. Do you hav	e dependents?	No			
Do not list D Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	penses include f people other	No			
than yourself and dependents	_	Yes			
· ·					
Part 2: Estil	mate Your Ongoir	ng Monthly Expenses			
_	of a date after the ba		you are using this form as a suppliplemental Schedule J, check the	•	-
		n-cash government assistance ed it on Sc <i>hedule I: Your Incom</i> e			Your expenses
	I or home ownership or the ground or lot. 4		nclude first mortgage payments and		<b>\$1,004.00</b>
If not incl	uded in line 4:				

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Phyllis McElroy Case number (if known)
First Name Middle Name Last Name

5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities         6. Utilities           6a. Electricity, heat, natural gas         6a.         \$130,00           6b. Walter, sower, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, stellite, and cable services         6c.         \$115,00           6d. Other, Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$250,00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, Laundry, and dry cleaning         9.         \$50,00           10. Personal care products and services         11.         \$250,00           11. Medical and dental seynonese         11.         \$250,00           12. Transportation, Include gas, maintenance, bus or train fare.         10.         \$100,00           15. Instration and, clubs, recreation, newspapers, magazines, and books         14.         \$0.00           16. Charitable contributions and religious donations         14.         \$0.00           15. Instration, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Libe insurance         15a         \$0.00           15. Libe insurance	riistivanie	Mildie Name Last Name		
6. Utilities         6. Electricity, heat, natural gas         6. \$310.00           6b. Wilker, swwer, garbage collection         6b. \$30.00           6b. Telephone, cell phone, Internet, satellite, and cable services         6c. \$115.00           6c. Other. Specify:         6d. \$30.00           7. Food and housekeeping supplies         8. \$0.00           8. Childcare and children's education costs         8. \$0.00           9. Clothing, laundry, and dry cleaning         9. \$550.00           10. Personal care products and services         10. \$17.00           11. Medical and dental expenses         11. \$20.00           12. Transportation. Include gas, maintenance, bus or train fare.         12. \$100.00           Do not include or a pyaments         12. \$100.00           14. Charitable contributions and religious donations         13. \$0.00           15. Insurance.         15a         \$0.00           Do not include insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15. Life insurance.         15a         \$0.00           15. Life insurance.         15a         \$0.00           15. Life insurance.         15c         \$0.00           15. Life insurance.         15c         \$0.00           15. Life insurance.         15c         \$0.00				Your expenses
6a. Electricity, heat, natural gas	5. Additional mortgage paymen	ats for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$115.00           6d. Other, Specify:         6c.         \$115.00           7. Food and housekceping supplies         7.         \$250.00           8. Childcare and children's education costs         8.         \$0.00           9. Citothing, laundry, and dry cleaning         9.         \$50.00           10. Personal care products and services         11.         \$20.00           11. Medical and dental expenses         11.         \$20.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$100.00           10. not include care payements         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance         15         \$0.00           15a. Life insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           \$psecify:         16<	6. Utilities:			
6c. Telephone, cell phone, Intermet, satellite, and cable services         6c.         \$115.00           6d. Other. Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$250.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$50.00           10. Personal care products and services         10.         \$17.00           11. Medical and dental expenses         11.         \$20.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$10.00           15. Instrainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           16. Charitable contributions and religious donations         14.         \$0.00           15. Instrainment, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Instrainmence         15.         \$0.00           15. Life insurance         15.         \$0.00           15. Life insurance         15.         \$0.00           15. Leath insurance         15.         \$0.00           15. Leath insurance         15.         \$0.00           15. Leath insurance         15.         \$0.00           15. Leat	6a. Electricity, heat, natural gas		6a.	\$130.00
6d. Other. Specify         6d         \$0.00           7. Food and housekeeping supplies         7.         \$250.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$550.00           10. Personal care products and services         10.         \$17.00           11. Medical and dental expenses         11.         \$20.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$10.00           Do not include car payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         15.         \$0.00           15. Insurance.         15         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15         \$0.00           15b. Health insurance         15         \$0.00           15c. Ushicle insurance. Specify:         16         \$0.00           15c. Ushicle insurance. Specify:         16         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17. Installment or lease payments:         17a         \$0.00<	6b. Water, sewer, garbage coll	ection	6b.	\$0.00
7. Food and housekeeping supplies         7.         \$250.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$17.00           11. Medical and dental expenses         11.         \$20.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$100.00           10. Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a         \$0.00           15b. Insurance.         15a         \$0.00           15c. Valide insurance deducted from your pay or included in lines 4 or 20.         15c         \$100.00           15c. Valide insurance. Specify:         15d         \$0.00           15c. Valide insurance. Specify:         16         \$0.00           15c. Valide insurance. Specify:         15c         \$0.00           15c. Valide insuranc	6c. Telephone, cell phone, Int	ernet, satellite, and cable services	6c.	\$115.00
8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$55.00           10. Personal care products and services         10.         \$17.00           11. Medical and dental expenses         11.         \$20.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$100.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15b. Health insurance         15a         \$0.00           15b. Health insurance         15b. So.00         \$0.00 <td< td=""><td>6d. Other. Specify:</td><td></td><td>6d</td><td>\$0.00</td></td<>	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning         9. \$50.00           10. Personal care products and services         10. \$17.00           11. Medical and dental expenses         11. \$20.00           12. Transportation, Include gas, maintenance, bus or train fare.         12. \$100.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         14. \$0.00           15. Insurance.         50.00           15. Insurance         155         \$0.00           15. Lie insurance deducted from your pay or included in lines 4 or 20.         156         \$0.00           15. Vehicle insurance         156         \$0.00           15. Vehicle insurance. Specify:         17         \$0.00           17. Installment or lease payments:         17         \$0.00           17. Cottles. Specify: </td <td>7. Food and housekeeping supp</td> <td>olies</td> <td>7.</td> <td>\$250.00</td>	7. Food and housekeeping supp	olies	7.	\$250.00
10. Personal care products and services       10.       \$17.00         11. Medical and dental expenses       11.       \$20.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$100.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15a. Life insurance       15a.       \$0.00       \$0	8. Childcare and children's edu	cation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$20.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b. Health insurance       15b. \$0.00       \$0.00         15c. Vehicle insurance       15c. Vehicle insurance       15c. \$100.00         15c. Vehicle insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15c. Vehicle insurance       15c. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       17c. Other. Specify:       17a       \$0.00         17c. Carp payments for Vehicle 1       17a       \$0.00         17c. Other. Specify:       \$0.00         18. Your payments y	9. Clothing, laundry, and dry cl	eaning	9.	\$50.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$100.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$0.00     15.   Insurance.	10. Personal care products and	Services	10.	\$17.00
Do not included car payments   13.	11. Medical and dental expens	es	11.	\$20.00
14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       30.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$100.00         15c. Vehicle insurance. Specify:       15d       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         17. Installment or lease payments:       16       \$0.00         17. Installment or lease payments:       17a       \$974.00         17b. Car payments for Vehicle 1       17a       \$974.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17c       \$0.00         17c. Other. Specify:       17c       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19.       \$0.00         20a. Mortgag	-	maintenance, bus or train fare.	12.	\$100.00
15. Insurance.	13. Entertainment, clubs, recre	ation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.	14. Charitable contributions ar	d religious donations	14.	\$0.00
15b. Health insurance         15b         \$0.00           15c. Vehicle insurance         15c         \$100.00           15d. Other insurance. Specify:         15d         \$0.00           16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           Specify:         16         \$0.00           17. Installment or lease payments:         16         \$0.00           17. Lace payments for Vehicle 1         17a         \$974.00           17b. Car payments for Vehicle 2         17b         \$0.00           17c. Other. Specify:         17c         \$0.00           17d. Other. Specify:         17d         \$0.00           18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).         18.           19. Other payments you make to support others who do not live with you.         19.         \$0.00           20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.         20a         \$0.00           20b. Real estate taxes.         20b         \$0.00           20c. Property, homeowner's, or renter's insurance         20c         \$0.00           20c. Maintenance, repair, and upkeep expenses.         20d         \$0.00		cted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:			15c	\$100.00
Specify:	15d. Other insurance. Specify:		15d	\$0.00
17.   Installment or lease payments:   17a. Car payments for Vehicle 1   17a   \$974.00   17b. Car payments for Vehicle 2   17b   \$0.00   17c. Other. Specify:   17c   \$0.00   17d. Other. Specify:   17d   \$0.00   17d. Other. Specify:   17d   \$0.00   18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19. Other payments you make to support others who do not live with you.   19. \$0.00   20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b. Real estate taxes.   20b   \$0.00   20b. Real estate taxes.   20c. Property, homeowner's, or renter's insurance   20c. \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00	16. <b>Taxes.</b> Do not include taxes of	leducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	Specify:		16	\$0.00
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17. Installment or lease payme	nts:	10	
17c. Other. Specify: 17d \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00			17a	\$974.00
17d. Other. Specify:	17b. Car payments for Vehicle	2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:			18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	, , ,	o support others who do not nee with you.	19	\$0.00
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		s not included in lines 4 or 5 of this form or on Schedule I: Your Income.	10.	
20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	, , , ,		20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	20b. Real estate taxes.		20b	\$0.00
	20c. Property, homeowner's,	or renter's insurance	20c	\$0.00
20e. Homeowner's association or condominium dues 20e \$0.00	20d. Maintenance, repair, and	upkeep expenses.	20d	\$0.00
	20e. Homeowner's association	n or condominium dues	20e	\$0.00

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Debtor 1 Phyll			McElroy	Case number (if known)		
First	Name	Middle Name	Last Name			
21. <b>Other.</b> Spe	ecify:				21	\$0.00
	your monthly expense	es.				\$2,760.00
	nes 4 through 21.					\$0.00
. ,	` , ,	**	from Official Form 106J-2			\$2,760.00
22c. Add li	ne 22a and 22b. The res	sult is your monthly exp	enses.		22.	
23. Calculate	your monthly net inco	me.				
23a. Copy	line 12 (your combined	monthly income) from S	Schedule I.		23a	\$2,769.00
23b. Copy	your monthly expenses	from line 22 above.			23b	\$2,760.00
	act your monthly expens		icome.			\$9.00
Then	esult is your monthly net	t income.			23c	
			pan within the year or do yo			

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Fill in this information to identify your case:							
Debtor 1	Phyllis		McElroy				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois (State)				
Case number (If known)			( ,				

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below						
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?						
	✓ No						
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).					
	Under penalty of perjury, I declare that I have read the summary	and schedules filed with this declaration and					
	that they are true and correct.						
X	/s/ Phyllis McElroy	×					
	Signature of Debtor 1	Signature of Debtor 2					
	Date 6/22/2017	Date					
	MM/DD/YYYY	MM/DD/YYYY					

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Fill in this info	formation to identify your o	case:					
Debtor 1	Phyllis		McElroy				
Debtor 2	First Name	Middle Na	me Last Nam	е			
(Spouse, if filing)	First Name	Middle Na	me Last Nam	е			
United States	Bankruptcy Court for the:	Northern	District of Illino				
Case numbe	er		(Stat	e)			
(If known)							Check if this is ar
Official	l Form 107						amended filing
Statem	ent of Financia	al Δffairs fo	r Individuals	Filina fo	r Rankru	ntcv	04/1
	lete and accurate as po						
information	. If more space is need (nown). Answer every o	ed, attach a separ					
Part 1: Given	ve Details About Your	Marital Status a	nd Where You Lived	Before			
1. What	is your current marital st	atus?					
	1arried						
N 🔁	ot married						
2. During	g the last 3 years, have ye	ou lived anvwhere o	other than where you liv	ve now?			
		•	•				
	es. List all of the places ye	ou lived in the last 3	years. Do not include v	vhere you live	now.		
D	ebtor 1:		Dates Debtor 1 lived	Debtor 2:			Dates Debtor 2 lived
			there				there
				Same a	s Debtor 1		Same as Debtor 1
_			From			_	From
N	umber Street		To	Number Str	eet		To
		_		•		_	
C	ity State	Zip Code		City	State	Zip Code	
				Same a	s Debtor 1		Same as Debtor 1
_			Erom				From
N	umber Street		From To	Number Str	eet		То
C	ity State	Zip Code		City	State	Zip Code	
3 Within t	the last 8 years, did you e	ver live with a sno	ise or legal equivalent	in a communit	v nronertv etat	e or territory? //	ommunity property states
	itories include Arizona, Calif						
<b>✓</b> No							
Yes	s. Make sure you fill out S	chedule H: Your Co	odebtors (Official Form	106H).			

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$22000.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$83000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) Est. Pension \$10,224.00 From January 1 of current year until the date you filed for bankruptcy: Est. Pension \$12,780.00 For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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McElroy Debtor 1 Phyllis Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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or 1 Phyllis			McE	Elroy	Case number	(if known)
First Name		Middle Name	Last	Name	<del>-</del>	
corporations of which y	elatives; ar you are ar or a busine	ny general partners n officer, director, p ess you operate as	relatives of any gerson in control,	eneral partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? you are a general partner; g securities; and any managing r domestic support obligations,
Yes. List all paym	nents to a	n insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name						
Number Street						
City S	State	Zip Code				
Insider's Name						
Number Street						
City S	State	Zip Code				
insider? Include payments on d  No Yes. List all paym	ebts guar	anteed or cosigned	d by an insider.	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
Insider's Name						
Number Street						
City S	State	Zip Code				
Insider's Name						
Number Street						
City	State	Zip Code				

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McElroy Debtor 1 Phyllis Case number (if known) First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property 2015 Jeep Grand cherokee 06/2016 \$0 Chrysler Capital Creditor's Name Explain what happened 91 WALL STREET POB 666 Number Street Property was repossessed. Property was foreclosed. MADISON Connecticut 06443 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	tor 1 Phyllis	McElroy	Case number (if known)	
	First Name Middle Name	Last Name		
11.	Within 90 days before you filed for bankruptcy, did a accounts or refuse to make a payment because you		pank or financial institution, set off any amo	ounts from your
	Yes. Fill in the details.			
	Tes. I ill ill the details.			
		Describe the action th	e creditor took  Date action was taken	Amount
	Creditor's Name			-
	Number Street			
		Last 4 digits of account	number: XXXX-	
	City State Zip Code			
12.	Within 1 year before you filed for bankruptcy, was an appointed receiver, a custodian, or another official?		possession of an assignee for the benefit o	f creditors, a court-
	No			
	Yes			
Part	5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankruptcy, did y	you give any gifts with a t	otal value of more than \$600 per person?	
	✓ No  Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift			<u> </u>
	Number Street			
	City State Zip Code			
	Person's relationship to you			
	Person to Whom You Gave the Gift			<u> </u>
	Number Street			
	City State Zip Code			
	Person's relationship to you			

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	Phyllis		McElroy	Case number (if know	vn)	
		le Name	Last Name		•	
l. Wi	thin 2 years before you filed for ban	kruptcy, did y	ou give any gifts or contributi	ons with a total value	of more than \$600	to any charity?
	1 No					
⊻						
	Yes. Fill in the details for each gift of	or contribution	٦.			
	Gifts or contributions to charities		Describe what you contribu	uted	Date you	Value
	that total more than \$600		2000		contributed	14.40
	•					
	Charity's Name					
	Number Street					
	City State Zi	ip Code				
	_	•			_	
rt 6:	List Certain Losses					
<u>✓</u>	mbling?  No Yes. Fill in the details.  Describe the property you lost and	d	Describe any insurance co		Date of your	Value of property
	how the loss occurred		Include the amount that insu pending insurance claims on A/B: Property.		loss	lost
			742. Freperty.			
	l					
. Wi	List Certain Payments or Tran thin 1 year before you filed for bank, out seeking bankruptcy or preparing	ruptcy, did yo g a bankruptc	y petition?			anyone you consulted
i. Wii	thin 1 year before you filed for bank out seeking bankruptcy or preparing clude any attorneys, bankruptcy petition	ruptcy, did yo g a bankruptc	y petition?			anyone you consulted
. Wi	thin 1 year before you filed for bank out seeking bankruptcy or preparing clude any attorneys, bankruptcy petition	ruptcy, did yo g a bankruptc	y petition?			anyone you consulted
. Wi	thin 1 year before you filed for bank out seeking bankruptcy or preparing clude any attorneys, bankruptcy petition	ruptcy, did yo g a bankruptc	y petition?	ervices required in your b	ankruptcy.  Date payment or transfer	Amount of payment
. Wi	thin 1 year before you filed for banki out seeking bankruptcy or preparing clude any attorneys, bankruptcy petition No Yes. Fill in the details.	ruptcy, did yo g a bankruptc	petition? credit counseling agencies for se  Description and value of ar transferred	ervices required in your b	Date payment or transfer was made	Amount of payment
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Debtor	1 Phyllis		McElroy	Case number (if knowl	7)	
	First Name	Middle Name	Last Name	_		
h D	rithin 1 year before you file elp you deal with your cree o not include any payment or No  Yes. Fill in the details.	ditors or to make paym		behalf pay or transfe	r any property to a	anyone who promised to
L	Tes. Fill III the details.					
			Description and value of any transferred	property	Date payment or transfer was made	Amount of payment
	Person Who Was Paid		-		-	
	Number Street		-			
	City State	zip Code	·			
	J., State	_ip 0000				
	No Yes. Fill in the details.		Description and value of prop transferred		ny property or eceived or debts p	Date transfer was made
	Person Who Received Tr	ransfer	-	in exchange	-	
	Number Street		-			
			-			
	City State Person's relationship to y	'				
	Person Who Received Tr	ransfer	-			
	Number Street		·			
	City State Person's relationship to y		-			
b	fithin 10 years before you tending and the second s		d you transfer any property to a so	elf-settled trust or sin	nilar device of wh	ich you are a
	No Yes. Fill in the details.					
L			Description and value of the	property transferred		Date transfer was made
	Name of trust					

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McElroy Debtor 1 Phyllis Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred Bank of America Checking XXXX-0000 04/2017 \$ 0.00 Person Who Was Paid Savings P.O. Box 25118 Number Street Money market Brokerage Florida 33622 Tampa Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

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McElroy Debtor 1 Phyllis \_ Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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Debt		Phyllis			McElroy	Case n	number <i>(if k</i>	nown)		
		First Name		Middle Name	Last Name					
26.	Hav	<b>e you been a part</b> No	y in any judio	cial or administi	rative proceeding under	r any environmenta	l law? Inc	lude settlem	nents and orde	rs.
	П	Yes. Fill in the det	tails.							
					Court or agency		Nature of	f the case		Status of the case
		Case title								Pending
					Court Name					On appeal
		Case number			NumberStreet					Concluded
		1			City State	Zip Code				_
Part	11:	Give Details Al	oout Your E	Business or Co	onnections to Any Bu	ısiness				
27.	Witl	hin 4 years before	you filed for	bankruptcy, did	d you own a business or	have any of the fol	lowing co	nnections to	any business	?
		A member of A partner in a An officer, di	f a limited lial a partnership rector, or ma	bility company (Lo co anaging executiv	ade, profession, or othe LLC) or limited liability particle of a corporation equity securities of a cor	artnership (LLP)	-time or pa	art-time		
						J. 5. 5				
	<b>V</b>	No. None of the a	above applie	es. Go to Part 12						
	П	Yes. Check all tha	at apply abo	ve and fill in the	details below for each l	business.				
						ure of the business			lentification n	umber Do not umber or ITIN.
		Business Name			_			EIN:		
		Number Street			_			Dates busin	ness existed	
		City	State	Zip Code	Name of account	ant or bookkeeper		From	То	
										<del></del>
					Describe the nat	ure of the business			lentification n	umber Do not umber or ITIN.
		Business Name			_			EIN:		
		Number Street			Name of account	ant or bookkeeper		Dates busin	ness existed	
		City	State	Zip Code	— Name of account	ant or bookkeeper		_	_	
		Oity	State	Zip Code				From	То	
					Describe the nat	ure of the business			lentification n cial Security n	umber Do not umber or ITIN.
		Business Name			_			EIN:		
		Number Street			Name of account	ant or bookkeeper		Dates busin	ness existed	
		City	State	Zip Code		J. DOORRECHE!		From	To	

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Deb	tor 1	Phyllis			McElroy	Case number (if known)
		First Name		Middle Name	Last Name	
28.		hin 2 years before ditors, or other pa No Yes. Fill in the de	arties.	bankruptcy, did you	u give a financial stateme	nt to anyone about your business? Include all financial institutions,
					Date issued	
					2410 100404	
		Name			MM/DD/YYYY	
		Number Street				
		City	State	Zip Code		
		- City	State	zip code		
Par	t 12:	Sign Below				
1	true a	and correct. I und kruptcy case can	erstand that	making a false stat s up to \$250,000, c	ement, concealing prope	ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
			ture of Debtor	,		Signature of Debtor 2
		2.9				Date
		Date	6/22/2017			<del></del>
	Did ye	ou attach additio	nal pages to	our Statement of F	Financial Affairs for Individ	luals Filing for Bankruptcy (Official Form 107)?
ļ	▝	lo (oo				
	⊔ ′	'es				
ı	Did y	ou pay or agree to	o pay someon	e who is not an att	orney to help you fill out b	ankruptcy forms?
ı	J N	lo				
	١	es. Name of perso	n			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:					
Debtor 1	Phyllis		McElroy		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		Northern	District of Illinois (State)		
Case number (If known)			(2.3.2.)		

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Did you claim the property Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: WFDS Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 2013 Cadillac SRX Retain the property and [explain]: Surrender the property. Creditor's No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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Debto	r <u>Phyllis</u>		McElroy	Case number (if
1	First Name	Middle Name	Last Name	known)
Part 2:	List Your Unexpire	ed Personal Property Leas	es	
inform	ation below. Do not list		leases are leases that	y Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
De	scribe your unexpired p	personal property leases		Will the lease be assumed?
Le	ssor's name:			No Yes
	escription of leased operty:			
Le	ssor's name:			□ No □ Yes
	scription of leased operty:			
Le	ssor's name:			□ No □ Yes
	escription of leased operty:			
Le	ssor's name:			□ No □ Yes
	escription of leased operty:			
Le	ssor's name:			□ No □ Yes
	escription of leased operty:			<del>-</del>
Le	ssor's name:			□ No □ Yes
	escription of leased operty:			<del></del>
Le	ssor's name:			□ No □ Yes
	escription of leased operty:			_
Part 3:	Sign Below			
	er penalty of perjury, I controlled to		my intention about any	property of my estate that secures a debt and any personal
×	/s/ Phyllis McElroy		×	
5	Signature of Debtor 1		Sig	nature of Debtor 2
[	Date 6/22/2017 MM/DD/YYYY		Da	te MM/DD/YYYY

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

Debtor   Debtor   Case No.   (If horown)   Chapter   C			Northern Dis	trict of Illinois	
Chapter   Chapter 7	In re	Phyllis McElroy		Case No.	
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  \$0.00  Prior to the filing of this statement I have received  \$0.00  Balance Due  2. The source of the compensation paid to me was:  □ Debtor □ Other (specify)  3. The source of the compensation paid to me is:  □ Debtor □ Other (specify)  4. □ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  □ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  Lecrify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  Signature of Attorney	_	Debtor		_	(If known)
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  S0.00  Prior to the filing of this statement I have received  S0.00  Balance Due  2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:  Debtor  Other (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  The acceptance of the compensation is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  Lecrify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  //e/ Alexander Preber  Signature of Altorney  Semnad Law Firm				Chapter	Chapter 7
compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  So.00  Prior to the filing of this statement I have received  So.00  Balance Due  So.00  2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:  Debtor  Other (specify)  4. Debtor  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  //a/ Alexander Preber  Signature of Attorney  Semnad Law Firm		DISCLOSURE OF	COMPENSATI	ON OF ATTORNEY	FOR DEBTOR
Prior to the filling of this statement I have received  Balance Due  2. The source of the compensation paid to me was:    Debtor	1	compensation paid to me within one	e year before the filing of t	he petition in bankruptcy, or agree	ed to be paid to me, for services
2. The source of the compensation paid to me was:    Debtor		For legal services, I have agreed to a	ccept		\$0.00
2. The source of the compensation paid to me was:    Debtor		Prior to the filing of this statement I	have received		\$0.00
3. The source of the compensation paid to me is:    Debtor		Balance Due			\$0.00
3. The source of the compensation paid to me is:    Debtor	2	. The source of the compensation pai	d to me was:		
Under (specify)  4.  ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  ☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  Date  CERTIFICATION  I sexmader Preber  Signature of Attomey  Semrad Law Firm		<b>✓</b> Debtor	Other (spec	ify)	
4.	3	3. The source of the compensation pai	d to me is:		
I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filling of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  //s/ Alexander Preber  Signature of Attomey  Semrad Law Firm		Debtor	Other (spec	ify)	
members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  Date  Signature of Attomey  Semrad Law Firm	4	I have not agreed to share the all members and associates of my	oove-disclosed compensa law firm.	tion with any other person unless	they are
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  /s/ Alexander Preber  Date  Signature of Attorney  Semrad Law Firm		members or associates of my la	w firm. A copy of the agree		
bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  Date  /s/ Alexander Preber  Signature of Attorney  Semrad Law Firm	5	i. In return for the above-disclosed fee	e, I have agreed to render le	egal service for all aspects of the b	ankruptcy case, including:
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  Date  Semrad Law Firm			ncial situation, and render	ing advice to the debtor in determi	ning whether to file a petition in
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  6/22/2017  Date  Semrad Law Firm		b. Preparation and filing of any	petition, schedules, state	ments of affairs and plan which m	ay be required;
CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.    6/22/2017		c. Representation of the debtor	at the meeting of creditor	rs and confirmation hearing, and a	ny adjourned hearings thereof;
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.    6/22/2017	6	s. By agreement with the debtor(s), the	above-disclosed fee does	s not include the following service	s:
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.    6/22/2017					
debtor(s) in this bankruptcy proceedings.  6/22/2017  Date  /s/ Alexander Preber  Signature of Attorney  Semrad Law Firm			CERTIF	FICATION	
Date Signature of Attorney  Semrad Law Firm			te statement of any agree	ment or arrangement for payment	to me for representation of the
Semrad Law Firm		6/22/2017		/s/ Alexander Preber	
		Date		Signature of Attorney	
				Semrad I aw Firm	
			_		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1 717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

In re:	McElroy, Phyllis	Case No			
	Debtor(s)	Cu30 140			
		Chapter	Chapter7		
	VERIFICATIO	N OF CREDITOR MA	TRIX		
Ti knowledge	he above named Debtors hereby verify that the e.	e attached list of creditors is t	true and correct to the best of their		
Date:	6/22/2017	/s/ McElroy, Ph McElroy, Phyllis Signature of De	5		

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WFDS P.O. BOX 19752 IRVINE, CA, 92623

Chrysler Capital 91 WALL STREET POB 666 MADISON, CT, 06443

ALLY FINANCIAL PO Box 130424 Saint Paul, MN, 55113

FED LOAN SERV 400 Maryland Ave SW Washington, DC, 20202

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

SYNCB/CARECR C/O PO BOX 965036 ORLANDO, FL, 32896

DSNB MACYS PO Box 8113 Mason, OH, 45040

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD STE 4 CHICAGO, IL, 60606

IRS 1 PO Box 7346 Philadelphia, PA, 19101

ComEd 3 Lincokln Cetre c/o Sabrina Copelan Villa Park, IL, 60181

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Nicor - PO Box 5407 PO Box 5407 Carol Stream, IL, 60197

South Stickney Sanitary District 7801 Lavergne Ave Burbank, IL, 60459

Republic Services 1800 W Carroll Ave Chicago, IL, 60612

SEARS PO Box 183081 Columbus, OH, 43218

Americash 1513 E. 53rd St. Chicago, IL, 60615

Check N Go PO Box 566027 Dallas , TX, 75356

Cash Call Po Box 66007 Anaheim, CA, 92816

ASHRO 3650 Milwaukee St Madison, WI, 53714

National Financial Group Inc. 51 Monroe Street, #205 Rockville, MD, 20850

Weisman & Weisman P.C 100 North Lasalle Street, Suite 1910 Chicago, IL, 60602

Demetrios Dalmares 16061 S. 84th Ave University Park, IL, 60484

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Portfolio Associates, LLC 120 Corporate Blvd Norfolk, VA, 23502

CREDIT CONTROL 5757 PHANTOM DR. SUITE 330 HAZELWOOD, MT, 63042

Invation Homes 5509 N Cumberland Ave Ste 505 Chicago, IL, 60656

Client Services Inc 3451 Harry S. Truman Blvd. Saint Charles, MO, 63301

Northland Group Inc PO Box 129 Thorofare, NJ, 08086

Dental Works P.O. Box 31583 Independence, OH, 44131

Evergreen Family Medicine 2850 W 95th St Ste 403 Evergreen Pk, IL, 60805

Little Company of Mary 5660 W 95th St Oak Lawn, IL, 60453

Advocate Health Care 4001 Vollmer Rd Olympia Flds, IL, 60461

Advocate Christ Medical Center 2701 High Point Dr STE 124 Lewisville, TX, 75067

radiology Imaging Consultants, SC 75 Remittance Dr - dept 1324 Chicago, IL, 60675

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Blue Cross Blue Shield PO Box 105370 Atlanta, GA, 30348

Chicagoland Advanced Pain & Headache 6626 W. Cermak Rd Berwyn, IL, 60402

Rajneesh Salwan MDSC 2850 W. 95th Street Suite 304 Evergreen Park, IL, 60805

Beverly Medical Center 10540 S. Western Ave Suite 102 Chicago, IL, 60643

Crestwood Medical Center 1 Hospital Drive Southwest Huntsville, AL, 35801

Chiro One 5424 W 159th St Blue Island, IL, 60406

PATEL, BHARATI PO Box 10428 Merrillville, IN, 46411

Mercy Medical Center Iowa 250 Mercy Dr Dubuque, IA, 52001

University of Iowa 200 Hawkins Dr Iowa City, IA, 52242

CMRE FINANCIAL SERVICE 3075 E Imperial Hwy Ste 200 Brea, CA, 92821

Physicians Immediate Care LLC Po Box 4115 Rockford, IL, 61110 EQMD, Inc PO Box 337 Mchenry, IL, 60051

Dixon, Elton 18660 Graphics Drive, Suite 100 Tinley Park, IL, 60477

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Harris, Arnold 111 West Jackson B Chicago, IL, 60604

H&R ACCOUNTS 4950 38TH AVE MOLINE, IL, 61265

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$0.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either.

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 06/19/2017

Client \_

Client

Attorney

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Debtor 1 Phyllis First Name	Middle Name	McElroy Last Name	Case number	r (if known)		
		cast rune	Column A <b>Debtor 1</b>		Column B Debtor 2 or non-filing spouse	
Unemployment compensation     Do not enter the amount if you counder the Social Security Act. Inst	ontend that the amount re lead, list it here:	ceived was a benefit	\$0.00			-
For your spouse		\$0.00 \$0.00				
<ol> <li>Pension or retirement income.</li> <li>benefit under the Social Security A</li> </ol>	Do not include any amou act.	nt received that was a	\$2,307.50			-
10.Income from all other sources amount. Do not include any bene payments received as a victim of a international or domestic terrorism page and put the total below.	fits received under the Soci war crime, a crime agains	cial Security Act or				
			<del></del>			
Total amounts from separate page	es, if any.		+\$0.00	· -	-	
11. Calculate your total current meach			\$2,307.50	+	-	\$2,307.50
column. Then add the total for (	Column A to the total for C	Column B.		L		
Part 2: Determine Whether the	e Means Tost Annling	to Vou				Total current monthly income
12. Calculate your current monthly						
12a. Copy your total current month	nly income from line 11.	mow these steps.	C	opy line 1	1 horo	
Multiply by 12 (the number o	f months in a year).			opy mie i	i noic <del>- y</del>	\$2,307.50
12b. The result is your annual inco		m.			12b	X 12 \$27,690.00
13 Calculate the median family inc	ome that applies to you	Follow than atoms:				
Fill in the state in which you live.	applies to you.	Illinois				
Fill in the number of people in your	Processors and	merchanism (market) and the second se				
Fill in the median family income for		ale de la New Constitution de la Seconda de la Constitution de la Seconda de la Seconda de la Seconda de la Se Seconda de la Seconda de l				
nousehold.					13.	\$50,765.00
To find a list of applicable median ir instructions for this form. This list n 14. How do the lines compare?	ncome amounts, go onling nay also be available at the	e using the link specified e bankruptcy clerk's office	in the separate e.			
14a. Line 12b is less than or ed Go to Part 3.	qual to line 13. On the top	of page 1, check box 1,	There is no presumption	of abuse	e.	
14b. Line 12b is more than line Go to Part 3 and fill out Fo	e 13. On the top of page 1 orm 122A-2.	, check box 2, The pres	umption of abuse is dete	rmined by	Form 122A-2.	
Part 3: Sign Below						
By signing here, I declare under pe	nalty of perjury that the in	formation on this statem	ent and in any attachmer	nts is true	and correct.	
✗ /s/ Phyllis McElroy	7. 11. 1 ALC &	lu x				
Signature of Debtor 1	hylli de ?	Sig	nature of Debtor 2		·	
Date 6/19/2017 MM/DD/YYYY		Da	te 6/19/2017 MM/DD/YYYY			
If you checked line 14a, do NOT If you checked line 14b, fill out F	fill out or file Form 122A- orm 122A-2 and file it with	2. 1 this form.				

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## UNITED STATES BANKRUPTCY COURT Northern District of Illinois

In re:	McElroy, Phyllis  Debtor(s)	Case No	
		Chapter.	Chapter7
	VERIF	ICATION OF CREDITOR MATRI	X
TI knowledge	he above named Debtors hereby vel e.	rify that the attached list of creditors is true	and correct to the best of their
Date:	6/19/2017	/s/ McElroy, Phyllis  McElroy, Phyllis  Signature of Debtor	Phyllip 14 Ely

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Debtor Phyllis		McElroy	Case number (if	
1 First Name	Middle Name	Last Name	known)	
art 2: List Your Unexpired	Personal Property Leas	es	•	
or any unexpired personal pro	perty lease that you listed in	Schodula C. Evanut	Contracts and Unexpired Leases (Official Form 106G), fill	in the
ntormation below. Do not list a assume an unexpired personal				may
Describe your unexpired po	ersonal property leases		Will the lease be assumed?	
Lessor's name:	andre en		☐ No ☐ Yes	
Description of leased property:			TOTAL TO A COMMISSION OF THE ABOVE AND	
Lessor's name:			□ No □ Yes	* Services - Names Schools
Description of leased property:	The state of the s	The second secon	maarininin tii siirii tiinaa aanimaalaa kaatiigaa aanaa rannannin yaya .	
Lessor's name:		the Co. M. M. Markett and the state of the s	□ No □ Yes	na namen ar ar ar agus agus de na agus
Description of leased property:				
Lessor's name:	e et i mil te delse person i sa somme grande person person habitable et un innere i facti ett et un innere i s I mil te i mil te i I mil te i	The second section of the second seco	□ No □ Yes	e vooren mark Austria markyty a g
Description of leased property:			очен обябите в том и вышения два него овень портору (1915).	
Lessor's name:	TO MICH. 1 - 1 - No. 1 - 1 Film Son A Film Mich. 1985 1980 1980 m Thomas Mich. Son Construction of Mich.	erman de la coma de companya de mandra estado estado estado en estado en estado en estado en estado en estado e En estado en entre en estado en entre en estado en entre en entre en entre en entre en entre en entre entre en	□ No □ Yes	
Description of leased property:				
Lessor's name:	· ·	A	No	
Description of leased property:			Yes Yes	
Lessor's name:		and the second s	□ No □ Yes	
Description of leased property:				
3: Sign Below				
Inder penalty of perjury, I dec property that is subject to an i	lare that I have indicated my unexpired lease.	intention about any pro	perty of my estate that secures a debt and any personal	
/s/ Phyllis McElroy Signature of Debtor 1	hyllis wiEly	X Signat	ure of Debtor 2	
Date 6/19/2017 MM/DD/YYYY		Date	MM/DDWW	

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Debtor 1			McElroy	Case number (if known)
	First Name	Middle Name	Last Name	- Cas named property
28. With cre	No		you give a financial state	nent to anyone about your business? Include all financial institutions
	Yes. Fill in the details	below.		
			Date issued	
	Name		MM/DD/YYYY	_
	Number Street			
	City	State Zip Code	<del></del>	
Part 12:	Sign Below			
a ban	<b>★</b> /s/ Phyl	lis McElroy Phullia	or imprisonment for up to	erty, or obtaining money or property by fraud in connection with po 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	Signature o	of Debtor 1	7	Signature of Debtor 2
	Date 6/19	<b>/</b> 2017	1	Date
Did vo	ou attach additional n	ages to Vour Statement	Pinancial Ass. 1 C . 1 W	
N		agoo to rour diatement be	rmancial Allairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?
<u> </u>				
Dia yo		someone who is not an at	torney to help you fill out	bankruptcy forms?
	es. Name of person			
LJ '`	our raine or person			Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)

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Fill in this info	rmation to identify your ca	ise:		
Debtor 1	Phyllis		McElroy	
	First Name	Middle Name	Last Name	-
Debtor 2 (Spouse, if filing)	First Name			_
	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	Northern	District of Illinois	_
Case number (If known)			(State)	_
Official	Form 106Dec			Check if this is an amended filing
····		<del></del>	or's Schedules	12/15
Part 1: Sign	2.00			
Did you pa	ay or agree to pay someo	ne who is NOT an attorne	ey to help you fill out bankru	otcy forms?
✓ No				***************************************
Yes. N	Name of person		Attach Bankruptcy Petii Signature (Official Form	tion Preparer's Notice, Declaration, and 1119).
Under pen that they a	alty of perjury, I declare t are true and correct.	that I have read the sumr	mary and schedules filed wit	n this declaration and
/s/ Phyllis Signature of		4W15 dy	Signature of	Dobtor 3
			Signature of	סטוטו ב

Date

MM/DD/YYYY

Date 6/19/2017

MM/DD/YYYY

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Debtor 1 Phyllis First Name	Middle Name	McEroy	Case number (if know)	n)
	uestions for Reporting Purpose	Last Name		
16. What kind of debts do you have?	16a. Are your debts primaril "incurred by an individua No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primaril	ly consumer debts? al primarily for a pers y business debts? <i>B</i> investment or throug	onal, family, or housel Business debts are deb gh the operation of the	ts that you incurred to obtain e business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No.	er 7. Do you estimate th	at after any exempt prop to distribute to unsecure	perty is excluded and administrative d creditors?
18. How many creditors do you estimate that you owe?	☐ 1-49 ☑ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,0 5,001-10,	000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?		\$10,000,0 \$50,000,0	11-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?  Part 7: Sign Below	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$10,000,00 \$50,000,00	1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
For you	If I have chosen to file under Chof title 11, United States Code. under Chapter 7.  If no attorney represents me and out this document, I have obtain I request relief in accordance with understand making a false state connection with a bankruptcy caboth. 18 U.S.C. §§ 152, 1341, 1	apter 7, I am aware the I understand the relies of I did not pay or agreemed and read the notion that the chapter of title ement, concealing presse can result in fines 519, and 3571.	nat I may proceed, if elect available under each exert to pay someone who ce required by 11 U.S.  11, United States Coordinates Coordinate	de, specified in this petition. noney or property by fraud in nprisonment for up to 20 years, or